INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMERGENCY MEDICAL TECHNICIAN COURSE RECORD

I. TRAINING PROVIDER NAME:_____ COURSE NO: _____

Location: _____Date of Course Completion: _____/_____/____

II. TYPE OF COURSE:

☐ Basic ☐ Refresher ☐ Challenge ☐ Written & Skills Exams ONLY

III. TO BE COMPLETED BY PRINCIPAL INSTRUCTOR: I hereby certify that the persons whose names listed below are designated according to final class status (i.e. pass, fail, completed, dropped) and that these records concur with the records of the training institution. I also certify that individuals participating in the final/certifying examination did so after verification of completion of all modules of the course by my signature. I have informed the class of ICEMA's Certification Policies and have distributed the Certification Form to each student.

_____/_____/_____ _____/_____/_____
Skills Examination Date Written Examination Date

_____ _____/_____/_____
Principal Instructor Signature Date

IV. TO BE COMPLETED BY PROGRAM DIRECTOR OR DESIGNEE: I hereby certify that all persons listed below have completed the course and passed the final/certifying examination and was issued course completion records on:

_____/_____/_____
Date

_____ _____/_____/_____
Program Director/Designee Signature Date

V. PRINT OR TYPE-LIST NAMES ALPHABETICALLY:

LAST	FIRST	SS#	ADDRESS	COURSE Complete	COURSE Incomplete	EXAM Pass	EXAM Fail

Submit to ICEMA within fifteen (15) days after completion of the course.

V. PRINT OR TYPE-LIST NAMES ALPHABETICALLY:

LAST	FIRST	SS#	ADDRESS	COURSE Complete	COURSE Incomplete	EXAM Pass	EXAM Fail

Submit to ICEMA within fifteen (15) days after completion of the course.